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Bib Data Sheet

<b>SERIAL NUMBER</b> 10/700,040	<b>FILING OR 371(c) DATE</b> 11/02/2003 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3766	<b>ATTORNEY DOCKET NO.</b>
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## APPLICANTS

Birinder R. Boveja, Milwaukee, WI;

\*\* CONTINUING DATA \*\*\*\*\*YHL  
None\*\* FOREIGN APPLICATIONS \*\*\*\*\*YHL  
None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/20/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 42	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>YHL</u>				

## ADDRESS

43987

## TITLE

Method and apparatus for electrical stimulation therapy for at least one of atrial fibrillation, congestive heart failure, inappropriate sinus tachycardia, and refractory hypertension

<b>FILING FEE RECEIVED</b> 561	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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